



KENTUCKY TRANSPORTATION CABINET  
Dept. of Vehicle Regulation/Division of Motor Carriers  
P.O. Box 2007, Frankfort, KY 40602-2007  
(502) 564-4127 (8:00 AM - 4:30 PM EST)  
Walk-ins 8:00 AM – 4:00 PM  
<http://transportation.ky.gov/dmc>

TC 95-568  
Rev. 9/09

## 2010 KENTUCKY INTERSTATE (ICC) EXEMPT FOR-HIRE AUTHORITY **RENEWAL**

(EXCEPT HOUSEHOLD GOODS AND PASSENGERS)

Business Name and Address:

**LIST YOUR COMPANY NUMBER (S):**

(E) NUMBER: \_\_\_\_\_

KYU NUMBER: \_\_\_\_\_

DOT NUMBER: \_\_\_\_\_

KIT NUMBER: \_\_\_\_\_

**TO ENSURE RECEIPT OF THIS AUTHORITY BEFORE THE EXPIRATION OF YOUR CURRENT AUTHORITY,  
RETURN PRIOR TO NOVEMBER 30, 2009**

### **FEES:**

Number of vehicles \_\_\_\_\_ X \$10.00 per vehicle = \$ \_\_\_\_\_

- ☒ **Make fees payable to Kentucky State Treasurer.**
- ☒ **The company's evidence of insurance (Form E) must be on file with this agency and in good standing. Carriers with invalid insurance will not be processed until receipt of the Form E.**
- ☒ **Write corrections to your company name, address and/or telephone numbers directly on this form. Name and/or address changes require a revised insurance form (Form E).**
- ☒ **Future additions to this authority must be submitted on the VEHICLE ADD ON FOR: Kentucky (ICC) Exempt For-Hire form. This form may be obtained from our web site: <http://transportation.ky.gov/dmc> or by contacting this agency.**

The undersigned hereby files application for the renewal of Kentucky Interstate (ICC) Exempt For-Hire Authority. This authorization shall remain in effect until expired by law or revoked by the Kentucky Transportation Cabinet. Any vehicles operated under this authority must carry verification of insurance. I certify that I have access to and am familiar with all applicable regulations of the U.S. Department of Transportation relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and I will comply with these regulations:

**\*\*\* FAXED COPIES NOT ACCEPTED \*\*\***  
**Original form must be mailed**

**PRINT NAME AND TITLE**

**AUTHORIZED SIGNATURE**

( )

**TELEPHONE NUMBER**

**DATE**

Office Use Only  
Account code: F6

31

**IF YOU NO LONGER NEED THIS AUTHORITY PLEASE CHECK HERE:** ☐

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622